

TRANSMITTAL SLIP		DATE <i>3/31</i>						
TO: <i>Ch/D/M</i>								
ROOM NO.	BUILDING							
REMARKS:								
<div style="text-align: right;"> <table border="1"> <tr><td>L</td><td>M</td></tr> <tr><td>H</td><td>I</td></tr> <tr><td>P</td><td>I</td></tr> </table> <p><i>BCB</i> <i>FILE</i></p> </div>			L	M	H	I	P	I
L	M							
H	I							
P	I							
FROM: <i>OAD/RR</i>								
ROOM NO.	BUILDING	EXTENSION						

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)